



**Please return your completed Life History Survey in the pre-addressed, postage-paid envelope to the University of Michigan.**

**If you have any questions about the survey, please feel free to call us at 866-611-6476**

**THANK YOU!**

Conducted by:

The Survey Research Center  
The University of Michigan

Sponsored by:

The National Institute on Aging  
R01-AG-051142

**HRS**

HEALTH AND RETIREMENT STUDY  
A Longitudinal Study of Health, Retirement, and Aging  
Sponsored by the National Institute on Aging

# Life History Survey 2019

**It is very important that the questions in this survey be answered by the person to whom the survey is addressed.**

**If the addressee is unable to complete the survey alone:**

It can be filled out by someone who knows this person well enough to answer the questions.

**If neither the addressee nor another person is able to complete the survey:**

Please return the survey, with a short note of explanation, in the enclosed, prepaid envelope.

**{First Name} – FPO  
123456A (barcode)**

**<M. ID>**



Conducted by: The Survey Research Center at the University of Michigan.  
Sponsored by: The National Institute on Aging: R01-AG-051142

**SEE FRONT  
COVER  
LAYOUT ON  
SEPARATE PDF**

## ABOUT THIS SURVEY

This Life History Survey is a new part of the Health and Retirement Study. It will give us some information about important things that happened earlier in your life so that we understand better how you are doing now.

**This survey is not meant to be a test of your memory.**

**However, we would like you to try to be as accurate as possible.**

**You may find it useful to consult your spouse, another family member, or some personal files, photos, or notes as you go through the questions.**

We hope that you will find this survey interesting to complete. As always, your answers are extremely important to us. Please remember that your participation is voluntary and that you may skip over any questions that you would prefer not to answer.

Please return your completed Life History Survey in the pre-addressed postage paid envelope. If you have any questions, please feel free to call us at 1-866-611-6476.

## HOW TO FILL IN THIS SURVEY

Please answer the questions by:

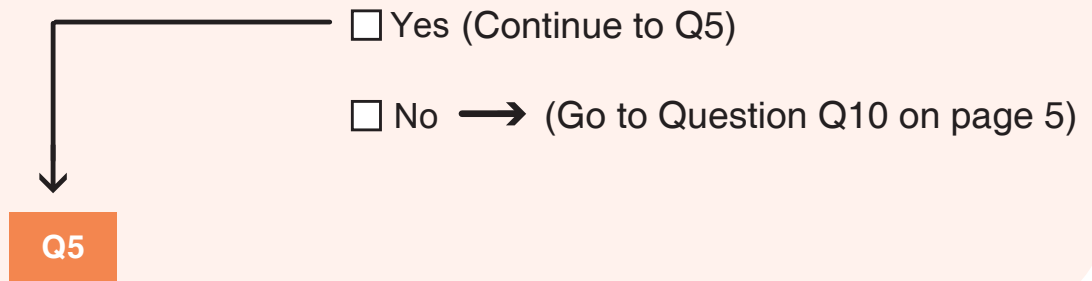
Marking a box like this:

Or writing in a box like this:

		2	5	Answer
--	--	---	---	--------

Please use a #2 pencil or a blue/black ink ballpoint pen. DO NOT use a felt tip pen.

Sometimes you may find instructions telling you which questions to answer like this:



Some of the questions spread across two facing pages like this.

#	Start Year	Street (Number and Street)	City/Town	State (or Country)
1	1945	128 Apple Drive	Ann Arbor	MI
2	1965	456 N 17th	Chicago	IL
3				
4				

Zip	Did you or your family own or rent this residence? [Check one]
48104	<input checked="" type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other <input type="checkbox"/> Don't know
60427	<input type="checkbox"/> Own <input checked="" type="checkbox"/> Rent <input type="checkbox"/> Other <input type="checkbox"/> Don't know
	<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other <input type="checkbox"/> Don't know
	<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other <input type="checkbox"/> Don't know

Please complete one row across both pages before moving to the next row.



**Before you begin, please take a few minutes to think back over your life.**

Please write a few notes for yourself in the table below. They will be helpful in filling out the survey. Each row is for a different 10-year period of your life. You do not need to write something in each line for all of the questions. This table is meant to outline just a few things in your life. We will ask for more details later.

<b>Age</b>	<b>Where did you live? (e.g., Ann Arbor, MI)</b>	<b>What were you doing? (e.g., in school, work)</b>	<b>What important things happened? (e.g., births, deaths, marriages)</b>
<b>0-9</b>			
<b>10-19</b>			
<b>20-29</b>			
<b>30-39</b>			
<b>40-49</b>			
<b>50-59</b>			
<b>60-69</b>			
<b>70-79</b>			



## Residential History

This section asks you for some details about the different places you have lived **from birth to now**.

**Q1**

From when you were born to age 50, did you ever live outside the United States for 6 months or more?

Yes (Continue to Q1a and Q1b)

No (Go to Q2)

**Q1a**

Besides the U.S., how many different countries did you live in for 6 months or more from birth to age 50?

countries

**Q1b**

Did you live outside the U.S. for 6 months or more...

before the age of 10?  Yes  No

between age 10 and 17?  Yes  No

between age 18 and 25?  Yes  No

between age 26 and 50?  Yes  No

**Q2**

Before you were age 16...

- a. did you ever live in a children's home or orphanage?  Yes  No
- b. did you ever live with a foster family or in a foster home?  Yes  No
- c. did you ever live in a boarding school?  Yes  No
- d. did your biological or adoptive parents separate or divorce?  Yes  No
- e. did one or both of your biological or adoptive parents die?  Yes  No
- f. did one or more of your siblings die?  Yes  No
- g. were you ever separated from your mother for 6 months or longer?  Yes  No
- h. were you ever separated from your father for 6 months or longer?  Yes  No
- i. were your grandparent(s) ever your primary caregivers?  Yes  No



**Q3**

How old were you when you first stopped living with your parent(s) or guardian(s) to live on your own or establish your own home?

years old

Not relevant/Never left parents to live on my own.

**Q4**

Before you were age 50...

- a.** were you ever in a jail, prison, or a detention center for more than 3 days?  Yes  No
- b.** were you ever a long-term inpatient in a hospital for 1 month or more?  Yes  No
- c.** did you ever live in a combat zone?  Yes  No
- d.** did you ever live on a military base or in military housing?  Yes  No
- e.** were you ever homeless for 1 month or more?  Yes  No
- f.** were you ever a long-term patient for 1 month or more in a clinic for a mental, emotional, or substance abuse problem?  Yes  No
- g.** were you ever displaced from your home for more than 3 days because of a natural disaster? (e.g., earthquake, tornado, flood)  Yes  No



**Q4a**

The next statements are about people's relationships with their parents early in life (before age 18).

Please tell us how much you agree or disagree with each statement for you personally.  
[Check one box for each line]

	Strongly Disagree	Disagree	Agree	Strongly Agree	Does not apply
a. I had a good relationship with my mother before age 18.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I had a good relationship with my father before age 18.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Before you were 18 years old...**

[Check one box for each line]

	A lot	Some	A little	Not at all
c. How much time and attention did your mother give you when you needed it?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. How much effort did your mother put into watching over you and making sure you had a good upbringing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. How much did your mother teach you about life?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Before you were 18 years old, did you have to do a year of school over again?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
g. Before you were 18 years old, were you ever in trouble with the police?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
h. Before you were 18 years old, did either of your parents drink or use drugs so often that it caused family problems in the family?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
i. Before you were 18 years old, were you ever physically abused by your parents?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No



**Q4b**

For each of the following events, please indicate whether the event occurred AT ANY POINT IN YOUR LIFE. If the event did happen, please indicate the year in which it happened MOST RECENTLY. [Check one box for each line. If "Yes" indicate which year]

If yes, what year?

- |  |                              |                             |                      |                      |                      |                      |
|--|------------------------------|-----------------------------|----------------------|----------------------|----------------------|----------------------|
| <b>a.</b> Has a child of yours ever died?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <b>b.</b> Have you ever been in a major fire, flood, earthquake, or other natural disaster?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <b>c.</b> Have you ever fired a weapon in combat or been fired upon in combat?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <b>d.</b> Has your spouse, partner, or child ever been addicted to drugs or alcohol?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <b>e.</b> Were you the victim of a serious physical attack or assault?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <b>f.</b> Did you ever have a life-threatening illness or accident?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <b>g.</b> Did your spouse or a child of yours ever have a life-threatening illness or accident?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <b>h.</b> At anytime in your life, have you ever been unfairly dismissed from a job?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <b>i.</b> For unfair reasons, have you ever not been hired for a job?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <b>j.</b> Have you ever been unfairly denied a promotion?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <b>k.</b> Have you ever been unfairly prevented from moving into a neighborhood because the landlord or a realtor refused to see or rent you a house or apartment? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <b>l.</b> Have you ever been unfairly denied a bank loan?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <b>m.</b> Have you ever been unfairly stopped, searched, questioned, physically threatened, or abused by police?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <b>n.</b> Have you ever been unfairly denied health care or treatment?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |





**Q5**

In this table, please fill in as much information as you can about **all the places that you have lived for one year or more** from when you were born until **now**.

**To begin, please enter the year of your birth and the place where you lived when you were born.** Beginning in #2, write the **next** place where you lived for a year or more, and so on. If you can't remember the exact year(s), please estimate the year to the best of your ability. If you lived outside the U.S., write the country name instead of the state. **Use one line for each new place (see example p. 2).**

TABLE COLUMNS SPAN ACROSS BOTH PAGES. ►

#	Start Year	Street (Number and Street)	City/Town	State (or Country)
1	<input type="text"/>			
2	<input type="text"/>			
3	<input type="text"/>			
4	<input type="text"/>			
5	<input type="text"/>			
6	<input type="text"/>			
7	<input type="text"/>			
8	<input type="text"/>			
9	<input type="text"/>			
10	<input type="text"/>			
11	<input type="text"/>			
12	<input type="text"/>			
13	<input type="text"/>			
14	<input type="text"/>			
15	<input type="text"/>			
16	<input type="text"/>			
17	<input type="text"/>			
18	<input type="text"/>			

TABLE COLUMNS SPAN ACROSS BOTH PAGES. ►



◀ TABLE COLUMNS SPAN ACROSS BOTH PAGES.

#	Zip Code	Did you or your family own or rent this residence? [Check one box]			
1	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> Own	<input type="checkbox"/> Rent	<input type="checkbox"/> Other	<input type="checkbox"/> Don't know
2	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> Own	<input type="checkbox"/> Rent	<input type="checkbox"/> Other	<input type="checkbox"/> Don't know
3	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> Own	<input type="checkbox"/> Rent	<input type="checkbox"/> Other	<input type="checkbox"/> Don't know
4	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> Own	<input type="checkbox"/> Rent	<input type="checkbox"/> Other	<input type="checkbox"/> Don't know
5	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> Own	<input type="checkbox"/> Rent	<input type="checkbox"/> Other	<input type="checkbox"/> Don't know
6	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> Own	<input type="checkbox"/> Rent	<input type="checkbox"/> Other	<input type="checkbox"/> Don't know
7	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> Own	<input type="checkbox"/> Rent	<input type="checkbox"/> Other	<input type="checkbox"/> Don't know
8	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> Own	<input type="checkbox"/> Rent	<input type="checkbox"/> Other	<input type="checkbox"/> Don't know
9	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> Own	<input type="checkbox"/> Rent	<input type="checkbox"/> Other	<input type="checkbox"/> Don't know
10	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> Own	<input type="checkbox"/> Rent	<input type="checkbox"/> Other	<input type="checkbox"/> Don't know
11	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> Own	<input type="checkbox"/> Rent	<input type="checkbox"/> Other	<input type="checkbox"/> Don't know
12	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> Own	<input type="checkbox"/> Rent	<input type="checkbox"/> Other	<input type="checkbox"/> Don't know
13	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> Own	<input type="checkbox"/> Rent	<input type="checkbox"/> Other	<input type="checkbox"/> Don't know
14	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> Own	<input type="checkbox"/> Rent	<input type="checkbox"/> Other	<input type="checkbox"/> Don't know
15	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> Own	<input type="checkbox"/> Rent	<input type="checkbox"/> Other	<input type="checkbox"/> Don't know
16	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> Own	<input type="checkbox"/> Rent	<input type="checkbox"/> Other	<input type="checkbox"/> Don't know
17	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> Own	<input type="checkbox"/> Rent	<input type="checkbox"/> Other	<input type="checkbox"/> Don't know
18	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> Own	<input type="checkbox"/> Rent	<input type="checkbox"/> Other	<input type="checkbox"/> Don't know

◀ TABLE COLUMNS SPAN ACROSS BOTH PAGES.



We would like to find out more about where you lived at particular times in your life.

First, please think back to **when you were 10**.

**Q6** Who lived with you when you were 10? [Check all that apply]

- |   |   |
|---|---|
| <input type="checkbox"/> Biological mother                  | <input type="checkbox"/> Adopted, step, foster, or half brother(s) or sister(s) |
| <input type="checkbox"/> Biological father                  | <input type="checkbox"/> Grandparent(s)   |
| <input type="checkbox"/> Adoptive, step, or foster mother   | <input type="checkbox"/> Other relative(s)                                      |
| <input type="checkbox"/> Adoptive, step, or foster father   | <input type="checkbox"/> Other non-relative(s)                                  |
| <input type="checkbox"/> Biological brother(s) or sister(s) |   |

**Q7** **Including you**, how many people lived in your household when you were 10?

people

**Q8** How many bedrooms were there?

bedrooms

**Q9** What type of residence was it? [Check one box]

- |  |  |
|--|--|
| <input type="checkbox"/> Single-family house       | <input type="checkbox"/> Mobile home                   |
| <input type="checkbox"/> Apartment/Townhouse/Condo | <input type="checkbox"/> Other (please specify): _____ |

**Q10** When you were 10, how much did you feel part of your local area? (That is, the area within a 20 minute walk or about a mile of your home.) [Check one box]  
The closer your mark is to a statement, the more strongly you agree with it.

I felt that I didn't belong  
in this area

———————  
1   2   3   4   5   6   7

I really felt part of this area



Q11

When you were 10 years old, approximately how many books were in the place you lived? Do not count magazines, newspapers, or your school books. [Check one box]

- None or very few (0-10 books)
- Enough to fill one shelf (11-25 books)
- Enough to fill one book case (26-100 books)
- Enough to fill two bookcases (101-200 books)
- Enough to fill more than two bookcases (more than 200 books)

Q12

Which of the following best describes the language(s) spoken in your household **when you were growing up, before you were age 18?** Count only the language(s) used on a regular basis. [Check one box]

- English was the only language spoken regularly
- English was the main language spoken, but a second language was also spoken regularly
- A language other than English was the main language spoken, but English was also spoken regularly
- A language other than English was the only language spoken regularly



Now think back to where you lived **when you started your first full-time job** after leaving school or college.

**Q13** How old were you when you started your first full-time job?

years old

Not relevant/Never worked full-time

↳ Go to Q18 on the next page

**Q14** Who lived with you when you started your first full-time job?  
[Check all that apply]

- |  |  |
|--|--|
| <input type="checkbox"/> Spouse or partner                 | <input type="checkbox"/> Grandparent(s)                |
| <input type="checkbox"/> Biological children               | <input type="checkbox"/> Parent(s)-in-law              |
| <input type="checkbox"/> Adopted, foster, or step children | <input type="checkbox"/> Other relative(s)             |
| <input type="checkbox"/> Brother(s) / sister(s)            | <input type="checkbox"/> Other non-relative(s)         |
| <input type="checkbox"/> Parent(s)                         | <input type="checkbox"/> I lived alone                 |
|  | <input type="checkbox"/> Other (please specify): _____ |

**Q15** **Including you**, how many people lived in your household when you started your first full-time job?

people **OR**  I lived with many people in military or other group quarters

**Q16** What type of residence did you live in when you started your first job?  
[Check one box]

- |  |  |
|--|--|
| <input type="checkbox"/> Single-family house       | <input type="checkbox"/> Mobile home                   |
| <input type="checkbox"/> Apartment/Townhouse/Condo | <input type="checkbox"/> Other (please specify): _____ |

**Q17** When you started your first full-time job, how much did you feel part of your local area?  
(That is, the area within a 20 minute walk or about a mile of your home.)  
[Check one box] The closer your mark is to a statement, the more strongly you agree with it.

I felt that I didn't belong in this area     —  —  —  —  —  —     I really felt part of this area

1    2    3    4    5    6    7



Think back to where you lived **when you were 40 years old.**

**Q18** Who lived with you when you were 40? [Check all that apply]

- |  |  |
|--|--|
| <input type="checkbox"/> Spouse or partner                 | <input type="checkbox"/> Grandparent(s)                |
| <input type="checkbox"/> Biological children               | <input type="checkbox"/> Parent(s)-in-law              |
| <input type="checkbox"/> Adopted, foster, or step children | <input type="checkbox"/> Other relative(s)             |
| <input type="checkbox"/> Brother(s) / sister(s)            | <input type="checkbox"/> Other non-relative(s)         |
| <input type="checkbox"/> Parent(s)                         | <input type="checkbox"/> I lived alone                 |
|  | <input type="checkbox"/> Other (please specify): _____ |

**Q19** **Including you,** how many people lived in your household when you were 40?

people

**Q20** What type of residence was it? [Check one box]

- |  |  |
|--|--|
| <input type="checkbox"/> Single-family house       | <input type="checkbox"/> Mobile home                   |
| <input type="checkbox"/> Apartment/Townhouse/Condo | <input type="checkbox"/> Other (please specify): _____ |

**Q21** When you were 40 years old, how much did you feel part of your local area? (That is, the area within a 20 minute walk or about a mile of your home.) [Check one box]  
The closer your mark is to a statement, the more strongly you agree with it.

I felt that I didn't belong in this area    ——————    I really felt part of this area

1    2    3    4    5    6    7



## Your Educational History

The next section asks you for some details about your school and educational experiences before age 50.

**Q22**

In the table below, please list all of the names of the **PRIMARY, ELEMENTARY, MIDDLE, JUNIOR HIGH, AND HIGH SCHOOLS** that you attended. Write "0" as the Grade for Kindergarten. Use one line for each school. If you attended the same school from Kindergarten to Grade 12, complete only the top line (#1).

TABLE COLUMNS SPAN ACROSS BOTH PAGES. ►

#	Start Grade	End Grade	Name of School	City/Town	State (or Country)
1	□ □	□ □			
2	□ □	□ □			
3	□ □	□ □			
4	□ □	□ □			
5	□ □	□ □			
6	□ □	□ □			
7	□ □	□ □			
8	□ □	□ □			
9	□ □	□ □			
10	□ □	□ □			

TABLE COLUMNS SPAN ACROSS BOTH PAGES. ►



◀ TABLE COLUMNS SPAN ACROSS BOTH PAGES.

#	Start Age	End Age	Was this a public or private/religious school? [Check one box]	Most children in the school were...? [Check one box]
1	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="checkbox"/> Public <input type="checkbox"/> Private/religious	<input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> Black <input type="checkbox"/> Other
2	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="checkbox"/> Public <input type="checkbox"/> Private/religious	<input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> Black <input type="checkbox"/> Other
3	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="checkbox"/> Public <input type="checkbox"/> Private/religious	<input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> Black <input type="checkbox"/> Other
4	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="checkbox"/> Public <input type="checkbox"/> Private/religious	<input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> Black <input type="checkbox"/> Other
5	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="checkbox"/> Public <input type="checkbox"/> Private/religious	<input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> Black <input type="checkbox"/> Other
6	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="checkbox"/> Public <input type="checkbox"/> Private/religious	<input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> Black <input type="checkbox"/> Other
7	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="checkbox"/> Public <input type="checkbox"/> Private/religious	<input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> Black <input type="checkbox"/> Other
8	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="checkbox"/> Public <input type="checkbox"/> Private/religious	<input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> Black <input type="checkbox"/> Other
9	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="checkbox"/> Public <input type="checkbox"/> Private/religious	<input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> Black <input type="checkbox"/> Other
10	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="checkbox"/> Public <input type="checkbox"/> Private/religious	<input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> Black <input type="checkbox"/> Other

◀ TABLE COLUMNS SPAN ACROSS BOTH PAGES.





The following questions are about specific educational experiences in Primary, Elementary, and High School.

**Q23**

Did you attend a pre-school, nursery school, or other program before primary/elementary school?

Yes       No

**When you were 10 (i.e., Grade 4 or 5)...**

**Q24**

How well did you do in Math compared to other children in your class? [Check one box]

<input type="checkbox"/> Much better	<input type="checkbox"/> Worse
<input type="checkbox"/> Better	<input type="checkbox"/> Much worse
<input type="checkbox"/> About the same	<input type="checkbox"/> Don't know
	<input type="checkbox"/> Did not go to school

**Q25**

How well did you do in Reading and Writing (i.e., spelling, grammar) compared to other children in your class? [Check one box]

<input type="checkbox"/> Much better	<input type="checkbox"/> Worse
<input type="checkbox"/> Better	<input type="checkbox"/> Much worse
<input type="checkbox"/> About the same	<input type="checkbox"/> Don't know
	<input type="checkbox"/> Did not go to school

**Q26**

**In Primary or Elementary School**, did any teachers, principals or psychologists tell you or your parents that you had a problem with learning any of the usual school subjects below? [Check one box for each line]

a. Reading	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
b. Writing	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
c. Mathematics / arithmetic	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
d. Speaking or language	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know



**Q27**

**In Primary or Elementary School**, did you ever have... [Check one box for each line]

- a. A hearing problem?  Yes  No
- b. A vision problem?  Yes  No
- c. A speech problem?  Yes  No
- d. A problem with balance or motor coordination?  Yes  No

**Q28**

**In Primary or Elementary School**, were you or your parents ever told by a professional that you had any of the following problems? [Check one box for each line]

- a. Mental or emotional problems  Yes  No  Don't know
- b. Dyslexia  Yes  No  Don't know
- c. Attention Deficit Hyperactivity Disorder (ADHD)  Yes  No  Don't know
- d. Other learning disorder (please specify):  Yes  No  Don't know



**Q29** Did you go to high school?

Yes

No → Go to Q34 on page 21



**Q29a** When you were in high school...

- a. Did you take special courses or classes to better prepare you for college?  Yes  No
- b. Did you take courses or classes that were intended to prepare you for a job after high school (also called vocational training)?  Yes  No
- c. Did you often get into trouble at school for being absent more than usual, missing classes, or being truant?  Yes  No
- d. Did you often get into trouble for disrupting classes or not concentrating?  Yes  No

**Q30** Did you study a foreign language in high school?

Yes (Continue to Q30a)

No → Go to Q31 on the next page

**Q30a** Which languages did you study in high school? [Check all that apply]

Spanish

French

German

Italian

Latin

Chinese

English (as a second language)

Other (please specify):



**Q31** In high school, did you take classes or spend time to do the following:

- |   |                          |     |                          |    |
|---|--------------------------|-----|--------------------------|----|
| a. Learn to play a musical instrument                         | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| b. Take singing lessons or sing in a chorus or choir          | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| c. Learn woodwork or carpentry                                | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| d. Learn a craft (e.g., knitting, quilting, embroidery)       | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| e. Learn ballet or dance                                      | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| f. Learn to paint or draw or other art                        | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| g. Participate in math or science club                        | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| h. Learn drafting or technical drawing                        | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| i. Take vocational or trade classes (e.g., auto repair, HVAC) | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| j. Participate in theatre, drama, or debate club              | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |

**Q32** Approximately how many school clubs or organizations were you involved with during high school?

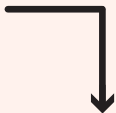
clubs or organizations



The next section asks about your physical activity when you were in school, including sports and exercise.

**Q33** During junior/middle and high school, did you participate in organized school, intramural, or recreational sports (such as football, basketball, baseball, soccer, swimming, track and field, tennis, hockey, volleyball, gymnastics, rowing, snow sports, etc.)?

Yes



No → Go to Q34 on the next page

**Q33a** In how many of your junior/middle and high school years did you participate in organized sport(s)?

years

**Q33b** In what sports did you participate? [Check all that apply]

- |                                     |  |
|-------------------------------------|--|
| <input type="checkbox"/> Baseball   | <input type="checkbox"/> Soccer                        |
| <input type="checkbox"/> Basketball | <input type="checkbox"/> Swimming                      |
| <input type="checkbox"/> Football   | <input type="checkbox"/> Tennis                        |
| <input type="checkbox"/> Gymnastics | <input type="checkbox"/> Track and Field/Cross Country |
| <input type="checkbox"/> Hockey     | <input type="checkbox"/> Volleyball                    |
| <input type="checkbox"/> Rowing     | <input type="checkbox"/> Other (specify): _____        |

**Q33c** Did you ever suffer any of the following serious injuries playing organized sports in junior/middle and high school?

1. Head injury such as concussion  Yes  No  Don't remember

→ If yes, was this before age 16?  Yes  No

2. Leg, arm, shoulder or back injury  Yes  No  Don't remember

3. Other  Yes  No

→ If yes, please specify the injury:



**Q34**

**After Elementary or High School**, did you do any further education at a college, professional, or technical school?

Yes → Continue to Q35 on page 22

No → Go to Q36 on page 24



**Q35**

Please list the names of all of the **COLLEGES/COMMUNITY COLLEGES and PROFESSIONAL or TECHNICAL SCHOOLS or PROGRAMS** that you attended after High School. Use one line for each different college, school, or program you attended. If you are currently attending a college or program, please write the current year in the END YEAR column.

TABLE COLUMNS SPAN ACROSS BOTH PAGES. ►

#	Name of College, School, or Program	City/Town	State (or Country)	Start Year	End Year
1				<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
2				<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
3				<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
4				<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
5				<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
6				<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
7				<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

TABLE COLUMNS SPAN ACROSS BOTH PAGES. ►



◀ TABLE COLUMNS SPAN ACROSS BOTH PAGES.

#	Was this a public/state or private/religious school? [Check one box]	Did you attend full or part-time? [Check one box]	Major/Field(s) of Study	Degree(s) or Certificates Earned
1	<input type="checkbox"/> Public/state <input type="checkbox"/> Private/religious	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Other		
2	<input type="checkbox"/> Public/state <input type="checkbox"/> Private/religious	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Other		
3	<input type="checkbox"/> Public/state <input type="checkbox"/> Private/religious	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Other		
4	<input type="checkbox"/> Public/state <input type="checkbox"/> Private/religious	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Other		
5	<input type="checkbox"/> Public/state <input type="checkbox"/> Private/religious	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Other		
6	<input type="checkbox"/> Public/state <input type="checkbox"/> Private/religious	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Other		
7	<input type="checkbox"/> Public/state <input type="checkbox"/> Private/religious	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Other		

◀ TABLE COLUMNS SPAN ACROSS BOTH PAGES.





## Partnership History

In this section, we would like to find out more about all of your long-term partners (e.g., lasting for at least one year). This includes spouses, as well as girlfriends/boyfriends, fiancés, or partners with whom you lived for a year or more.

**Q36** Have you ever been married?

Yes

No → Go to Q37 on page 25



**Q36a**

In the table below, please fill out the information for each of your marriages. If you have been married more than five times, please list the first five, beginning with your first marriage.

#	Initials of Spouse	Gender of Spouse	Did you live together before marriage?	Date Married (Year)	Are you still together? If not, how did this marriage end?	Year Marriage Ended (If applies)
1		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>	<input type="checkbox"/> Still together <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced/Separated	<input type="text"/>
2		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>	<input type="checkbox"/> Still together <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced/Separated	<input type="text"/>
3		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>	<input type="checkbox"/> Still together <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced/Separated	<input type="text"/>
4		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>	<input type="checkbox"/> Still together <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced/Separated	<input type="text"/>
5		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>	<input type="checkbox"/> Still together <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced/Separated	<input type="text"/>



**Q37** Other than your spouse(s), have you ever lived together with someone else as a couple for at least a year or more?

Yes

No → Go to Q38 on page 26



**Q37a** In the table below, please fill out the information for the partner(s), other than your spouse(s), with whom you lived together as a couple for at least a year or more. If you had more than five partners, please list the first five.

#	Initials of Partner	Gender of Partner	Year Began Living Together	Are you still together? If not, how did this relationship end?	Year Relationship Ended (If applies)
1		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> Split up <input type="checkbox"/> Partner died <input type="checkbox"/> Still together	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
2		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> Split up <input type="checkbox"/> Partner died <input type="checkbox"/> Still together	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
3		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> Split up <input type="checkbox"/> Partner died <input type="checkbox"/> Still together	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
4		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> Split up <input type="checkbox"/> Partner died <input type="checkbox"/> Still together	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
5		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> Split up <input type="checkbox"/> Partner died <input type="checkbox"/> Still together	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>



## Your Work History

The next section asks about work you may have done during your life. This may include paid work for an employer or unpaid care for others.

**Q38** Since you left full-time education, have you **ever** done any **paid work** which lasted for a **period of one year or more**? (Paid work includes both full-time and part-time work)

Yes → Q39 on the next page

No (Continue to Q38a) ↓

**Q38a** What was the reason(s) you **never** worked for pay for one year or more?  
[Check all that apply]

- Stayed at home to raise children or care for family
- Physical disability or injury
- Mental or emotional disability
- Could not find work
- Was not interested in working
- Other (please specify):

↓ → Go to Q40 on page 27



**Q39** Did **you ever...**  
[Check one box for each line]

- a. stop working at a job to stay home and care for your children?  Yes  No  Does not apply
- b. cut back on the number of hours worked at a job to care for your children?  Yes  No  Does not apply
- c. work longer hours to meet the added expenses of having children?  Yes  No  Does not apply
- d. switch to a different job that was less demanding or more flexible to be more available to your children?  Yes  No  Does not apply

**Q40** Did **your spouse or partner ever...**  
[Check one box for each line]

- a. stop working at a job to stay home and care for your children?  Yes  No  Does not apply
- b. cut back on the number of hours worked at a job to care for your children?  Yes  No  Does not apply
- c. work longer hours to meet the added expenses of having children?  Yes  No  Does not apply
- d. switch to a different job that was less demanding or more flexible to be more available to your children?  Yes  No  Does not apply

**Q41** through **Q50** ask about paid work.

If you **NEVER** worked for pay for one year or more, **go to Q51 on page 32.**



**Q41**

In the table below, please fill out the information for all the places (employers) you have **worked for one year or more after you finished full-time education**. If you worked at more than ten places, fill out the information for the first ten places you worked. If you are still working for an employer, write the **CURRENT YEAR** in the **END YEAR** column. If you changed jobs (or job title) but stayed with the same employer, please list the **first job title with that employer on one line** and **your last job title with the same employer on the next line below**.

TABLE COLUMNS SPAN ACROSS BOTH PAGES. ►

#	Type of Employer or Business	Job Title	Start Year	End Year
1			<input type="text"/>	<input type="text"/>
2			<input type="text"/>	<input type="text"/>
3			<input type="text"/>	<input type="text"/>
4			<input type="text"/>	<input type="text"/>
5			<input type="text"/>	<input type="text"/>
6			<input type="text"/>	<input type="text"/>
7			<input type="text"/>	<input type="text"/>
8			<input type="text"/>	<input type="text"/>
9			<input type="text"/>	<input type="text"/>
10			<input type="text"/>	<input type="text"/>

TABLE COLUMNS SPAN ACROSS BOTH PAGES. ►



◀ TABLE COLUMNS SPAN ACROSS BOTH PAGES.

Did you work full-time or part-time?	What did you do after leaving this job? [Check all that apply]		
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	<input type="checkbox"/> Started next job <input type="checkbox"/> Unemployed	<input type="checkbox"/> Worked short-term job(s) <input type="checkbox"/> Medical leave/disability	<input type="checkbox"/> Cared for/started a family <input type="checkbox"/> Other _____
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	<input type="checkbox"/> Started next job <input type="checkbox"/> Unemployed	<input type="checkbox"/> Worked short-term job(s) <input type="checkbox"/> Medical leave/disability	<input type="checkbox"/> Cared for/started a family <input type="checkbox"/> Other _____
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	<input type="checkbox"/> Started next job <input type="checkbox"/> Unemployed	<input type="checkbox"/> Worked short-term job(s) <input type="checkbox"/> Medical leave/disability	<input type="checkbox"/> Cared for/started a family <input type="checkbox"/> Other _____
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	<input type="checkbox"/> Started next job <input type="checkbox"/> Unemployed	<input type="checkbox"/> Worked short-term job(s) <input type="checkbox"/> Medical leave/disability	<input type="checkbox"/> Cared for/started a family <input type="checkbox"/> Other _____
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	<input type="checkbox"/> Started next job <input type="checkbox"/> Unemployed	<input type="checkbox"/> Worked short-term job(s) <input type="checkbox"/> Medical leave/disability	<input type="checkbox"/> Cared for/started a family <input type="checkbox"/> Other _____
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	<input type="checkbox"/> Started next job <input type="checkbox"/> Unemployed	<input type="checkbox"/> Worked short-term job(s) <input type="checkbox"/> Medical leave/disability	<input type="checkbox"/> Cared for/started a family <input type="checkbox"/> Other _____
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	<input type="checkbox"/> Started next job <input type="checkbox"/> Unemployed	<input type="checkbox"/> Worked short-term job(s) <input type="checkbox"/> Medical leave/disability	<input type="checkbox"/> Cared for/started a family <input type="checkbox"/> Other _____
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	<input type="checkbox"/> Started next job <input type="checkbox"/> Unemployed	<input type="checkbox"/> Worked short-term job(s) <input type="checkbox"/> Medical leave/disability	<input type="checkbox"/> Cared for/started a family <input type="checkbox"/> Other _____
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	<input type="checkbox"/> Started next job <input type="checkbox"/> Unemployed	<input type="checkbox"/> Worked short-term job(s) <input type="checkbox"/> Medical leave/disability	<input type="checkbox"/> Cared for/started a family <input type="checkbox"/> Other _____
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	<input type="checkbox"/> Started next job <input type="checkbox"/> Unemployed	<input type="checkbox"/> Worked short-term job(s) <input type="checkbox"/> Medical leave/disability	<input type="checkbox"/> Cared for/started a family <input type="checkbox"/> Other _____

◀ TABLE COLUMNS SPAN ACROSS BOTH PAGES.





**Q49** Do you still work for this employer or business?

Yes → Go to Q50 below

No ↓

**Q49a** Why did you leave or stop working for this employer? [Check all that apply]

- |   |  |
|---|--|
| <input type="checkbox"/> Moved to a higher paying job                 | <input type="checkbox"/> I had poor health/a disability      |
| <input type="checkbox"/> Moved to a job with a better future          | <input type="checkbox"/> I was laid off, let go, or replaced |
| <input type="checkbox"/> Moved to a more satisfying job               | <input type="checkbox"/> I retired                           |
| <input type="checkbox"/> Moved to a job that better matched my skills | <input type="checkbox"/> Other (please specify):             |
| <input type="checkbox"/> Moved or relocated                           |  |
| <input type="checkbox"/> To take care of or start a family            |  |
| <input type="checkbox"/> To continue education                        |  |

**Q50** Please say how much you agree or disagree with each of the following statements regarding this job. [Check one box for each line]

	Strongly Disagree	Disagree	Agree	Strongly Agree	Does not apply
a. The job was physically demanding.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I had very little freedom to decide how I did my work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. At work, I felt I had control over what happened in most situations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I had a lot to say about what happened on my job.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. The people I worked with could be relied on when I needed help.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. I learned useful skills in this job.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. My skills were not a good match for this job.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. The job was interesting and enjoyable.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>





**Q51**

Have you ever provided **unpaid** care to a relative or friend with some sort of special need to help them take care of themselves for a **period of 6 months or more?**

**NOTE:** Raising children without special needs does not apply here.

A special need could be an illness, disability, or mental health problem.

Helping them take care of themselves may include personal needs or household chores, managing a person’s finances, arranging for outside services, or visiting regularly to see how they are doing. This person need not live with you.

Yes (Continue to Q51a)       No **—————>** Go to Q52 on the next page



**Q51a**

In the table below, **please list the people for whom you have provided unpaid care.** If you have provided unpaid care for more than five people, please list the five that you consider to be the most important. If you are currently caring for someone, please write the current year in the END YEAR column.

#	Initial of Person	Relationship to the Person	Start Year	End Year
1		<input type="checkbox"/> Parent / Parent-in-law <input type="checkbox"/> Spouse or partner <input type="checkbox"/> Biological, adopted, or step child  <input type="checkbox"/> Other (please specify): _____	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
2		<input type="checkbox"/> Parent / Parent-in-law <input type="checkbox"/> Spouse or partner <input type="checkbox"/> Biological, adopted, or step child  <input type="checkbox"/> Other (please specify): _____	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
3		<input type="checkbox"/> Parent / Parent-in-law <input type="checkbox"/> Spouse or partner <input type="checkbox"/> Biological, adopted, or step child  <input type="checkbox"/> Other (please specify): _____	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
4		<input type="checkbox"/> Parent / Parent-in-law <input type="checkbox"/> Spouse or partner <input type="checkbox"/> Biological, adopted, or step child  <input type="checkbox"/> Other (please specify): _____	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
5		<input type="checkbox"/> Parent / Parent-in-law <input type="checkbox"/> Spouse or partner <input type="checkbox"/> Biological, adopted, or step child  <input type="checkbox"/> Other (please specify): _____	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>



## Your Health History

The following questions ask about your health including medically diagnosed conditions, exercise, and health habits throughout your life.

**Q52** Have you **ever** had any of the following serious conditions or diseases?

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| a. Chronic breathing problems/asthma   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Chronic hepatitis or other liver disease  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. HIV or AIDS   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d. Inflammatory bowel disease (e.g., Crohn's disease)  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| e. Kidney disease or failure   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| f. Meningitis or encephalitis  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| g. Mononucleosis (commonly referred to as mono)  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| h. Multiple sclerosis (commonly referred to as MS)   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| i. Neurological disorders (e.g., seizure, brain, or spinal cord disorders)                       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| j. Thyroid disease   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| k. Rheumatoid arthritis  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| l. Gynecological issues [Females only] (e.g., fibroids or other problems with uterus or ovaries) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

**Q53** Have you ever had a pregnancy (or experienced a partner's pregnancy) that ended in a miscarriage, an induced abortion, or a stillbirth?

- Yes  
 No

**Q54** Have you ever had a major surgery or operation? (e.g., Caesarian section, heart surgery, hysterectomy, joint replacement, organ transplant, tumor removal, etc.)

- Yes → If yes, please specify the surgery or surgeries:  
 No



**Q55**

Have you ever received any professional counseling, treatment, or therapy because of your use of alcohol or drugs?

Yes

No

**Q56**

Have you ever been involved in a major car or vehicle crash or other accident that resulted in serious injury?

Yes → If yes, in what year did this accident occur?

--	--	--	--

No

**Q57**

**After age 16**, how many periods of ill health or disability (physical or mental) have you had that lasted for more than a year that kept you from doing usual activities?

None → Go to Q58 on the next page

One

Two

Three

More than three

Have been ill or had a disability for all or most of my life

Continue to Q57a



**Q57a**

For each of the periods of ill health or disability, write the year the period began, what year the period ended, and the condition which accounted for the period of ill health or disability. If you marked "More than three" in Q57, refer to the three worst periods of ill health or disability. If this period of ill health is still ongoing, please write the current year in the END YEAR column.

#	Start Year	End Year	Health condition(s)								
1	<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					
2	<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					
3	<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					



This section asks about your physical activity after age 18.

**Q58**

During each of the following ages, how often did you take part in or train for sports or activities that are **vigorous**, such as running or jogging, swimming, cycling, basketball, football, snow sports, aerobics or gym workout, or tennis?

	Every day	More than once a week	Once a week	One to three times a month	Hardly ever or never
a. Between ages 18 and 29	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Between ages 30 and 39	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Between ages 40 and 49	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q59**

During each of the following ages, how often did you take part in other types of physical activities that are **moderately energetic**, such as walking for more than 30 minutes at a moderate pace, dancing, floor or stretching exercises?

	Every day	More than once a week	Once a week	One to three times a month	Hardly ever or never
a. Between ages 18 and 29	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Between ages 30 and 39	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Between ages 40 and 49	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>





**Q61**

Were the questions in this booklet answered by the person whose first name is written on the front cover? [Check one box]

- YES, the person whose name is on the front cover completed the questionnaire by him/herself.
- YES, the person whose name is on the front cover answered the questions, but someone else assisted by writing in the answers for that person.
- NO, the person whose name is on the front cover did not answer/complete the questionnaire.

**Q62**

Approximately, how long did it take you to complete this questionnaire?

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number of minutes

**Q63**

If there is anything else you would like to tell us, please write in the space below.

We appreciate your feedback.




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